

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09-600602  
FILING DATE  
APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2		1	1	
3	2		2	
4		1	1	
5	(1)		1	
6	1		1	
7		1	1	
8	2		2	
9	2		2	
10	(1)		1	
11	(1)		1	
12	(1)		1	
13	1		1	
14	1		1	
15	2		2	
16	2		2	
17	(1)		1	
18	(1)		1	
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TOTAL IND.	3		3	
TOTAL DEP.	22	22	22	
TOTAL CLAIMS	25	25	25	25

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BEST AVAILABLE COPY

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